Closing the Gaps in Women's Health

Orange County Women's Health Policy Summit

May 15, 2012

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Key Policy Challenges/Opportunities for Women's Health

- Gender-based health.
- Policy shift to evidence-based benefits.
- Realignment shifting programs/services from the state to the county.
- Health Reform.

Gender Based Health Care for Women

Gender-Based Health

- Women have unique health care needs and care must be designed to meet their needs was originally a public health concept that is being ignored.

- IOM: Crossing the Quality Chasm: A New Health Care System for the 21st Century (2001) report recommends patient centered care.

- The one size fits all health care system is not patient-centered to meet women's health and well-being needs.

- This continues to be a challenge.

Gender Based Health

Women's Health Challenges:

- Poor quality of health care.
- Lack of access to health care (affordability, providers, specialty care).
- Lack of access to reproductive health care (religion and government interference).
- Violence against women still prevalent (kills, stresses or creates chronic disease).

Gender Based Health

What Remains to be Improved in Women's Health?

Maternal Mortality Increasing

- California report on maternal mortality found that the majority of maternal deaths were preventable and caused by poor quality of care.

- Why is this an area of poor quality of care?

Violence Against Women

- Seventeen percent of women in California (1,862,000) report experiencing sexual violence - incest, childhood sexual abuse, or rape - sometime in their lives.
- IPV is the precipitating factor in 52 percent of female homicides and nearly one-third of suicides. About 74 percent of all murder-suicides involve an intimate partner.
- Homicide is the second leading cause of traumatic death for pregnant women in the Nation, accounting for 31 percent of maternal injury deaths.

Violence Against Women

- Women are four times more likely to suffer increased abuse as a result of an unintended or unwanted pregnancy-- pregnancy itself can be the result of domestic violence, in the form of sexual abuse, marital rape, or denial of access to birth control.

- Forty percent of pregnant women who have been exposed to violence report that their pregnancy was unintended, compared to just eight percent of non-abused women.

Violence Against Women

- Research conducted in California in 2010 found that 53 percent of women ages 16-29 in family planning clinics report physical or sexual violence from an intimate partner.
- In the same study, about one in five young women said they experienced pregnancy coercion and one in seven said they experienced active interference with contraception (birth control sabotage). And, thirty-five percent of women reporting IPV also reported either pregnancy coercion or birth control sabotage.

Vision for Women's Health

- Elimination of violence against women.
- Health care that is designed to meet women's unique health care needs.
- Access to all types of health care
- Improved quality of care for women.
- Women's health research that focuses on unlocking mysteries of women's health and improving quality of care.

Health Reform
is
Changing Benefits

Benefits Policy Shift

How Health Reform is changing the way benefits are determined:

- Evidence based benefits replaces Legislatively mandated benefits.
- Health Reform's value based purchasing evaluates what benefits improve outcomes.
- This is a major shift from legislature to Public Health.

Impact on Women's Health

- Major gaps in evidence based services remain for women.
- Women's health research is under-funded, thus many areas of women's health are not evidence based and could be eliminated under value based purchasing.
- Quality measures under value based purchasing must be gender-based to accurately assess quality of women's health services.

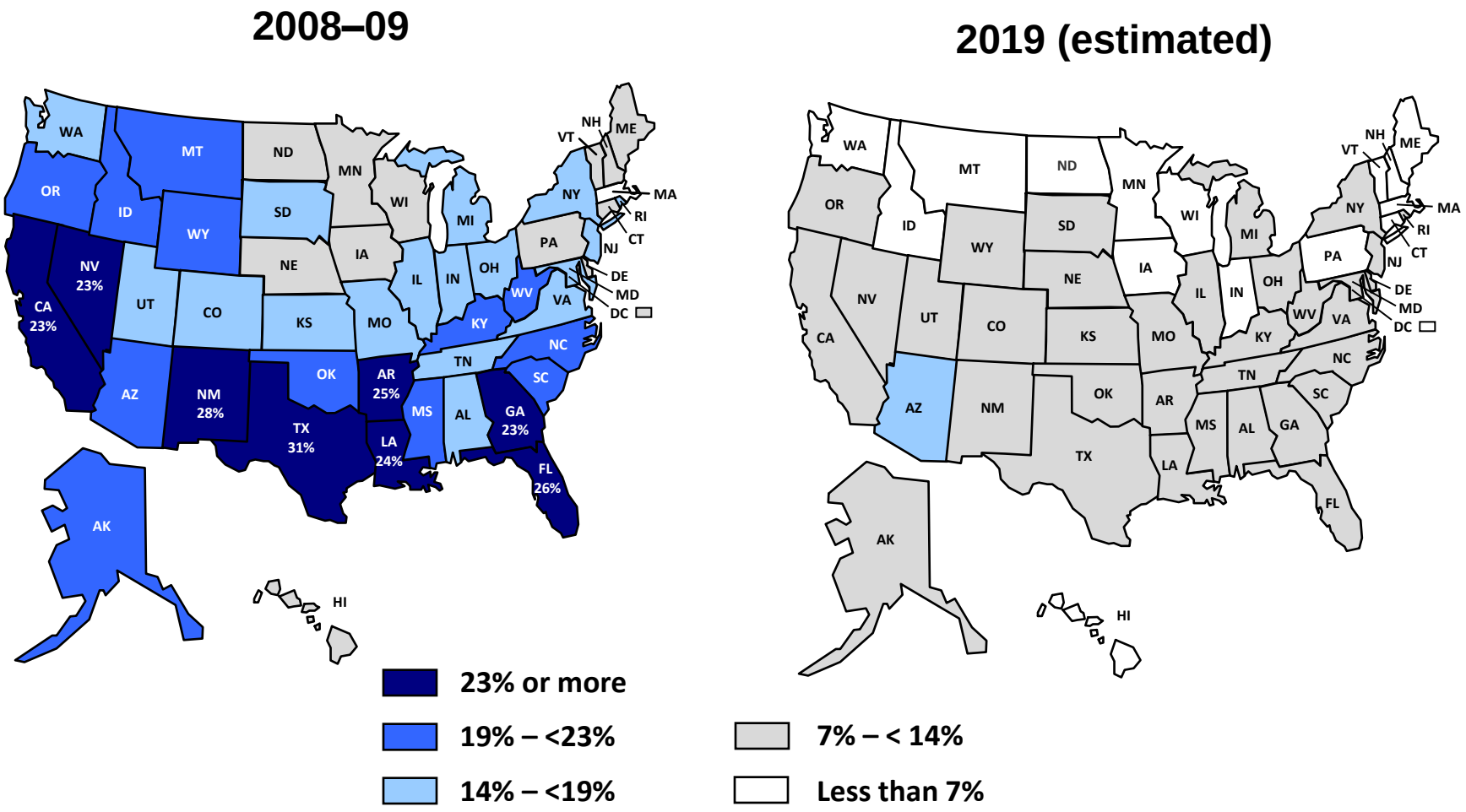
Realignment

Realignment's Impact on Women's Health

- State programs were originally created to fill gaps in local services—will counties continue to fill gaps?
- County government may be more conservative or anti-choice—will they meet needs of women?
- Will women's services be nurtured or eroded? Advocates will have to shift focus to County government.

Why Women Need Health Reform

Exhibit 1. The Impact of Health Reform: Percent of Women Ages 19–64 Uninsured by State



Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements), available at www.statehealthfacts.org, "Health Insurance Coverage of Women 19–64, states (2008–2009)." Estimates for 2019 by Jonathan Gruber and Ian Perry of MIT using the Gruber Microsimulation Model for The Commonwealth Fund.

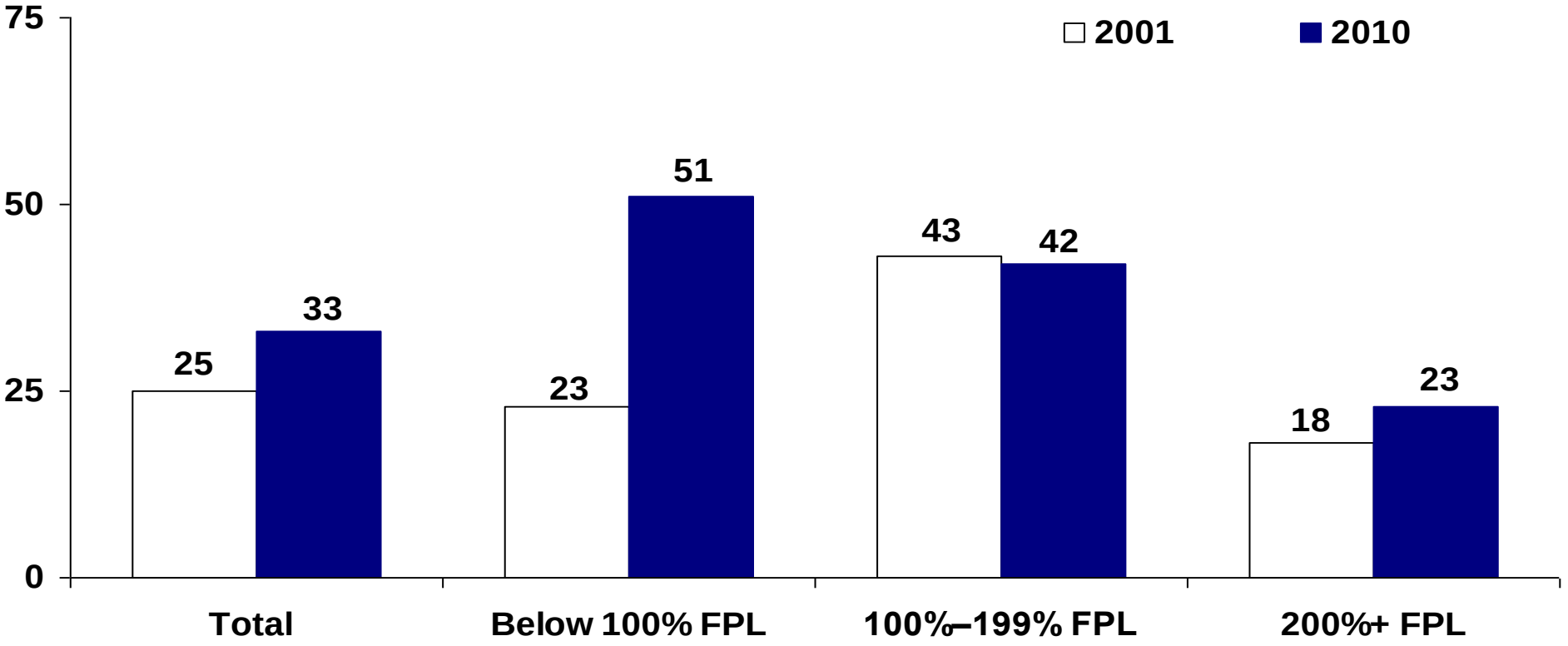
Exhibit 3. Women Struggle to Find Affordable Coverage in the Individual Market

Women ages 19–64 with individual coverage* or who tried to buy it in past three years and:	Total	Health problem**	No health problem	<200% FPL	200%+ FPL
Found it very difficult or impossible to find coverage they needed	46%	55%	34%	47%	40%
Found it very difficult or impossible to find affordable coverage	60	74	44	64	54
Were turned down, charged a higher price because of health, or had a health problem excluded from coverage	33	44	21	39	30
Any of the above	71	85	55	77	65
Never bought a plan	53	64	39	64	40

Note: FPL refers to Federal Poverty Level.
* Bought in the past three years.
** Respondent rated health status as fair or poor, has a disability or chronic disease that keeps them from working full time or limits housework/other daily activities, or has any of the following chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma, emphysema, or lung disease; high cholesterol.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2010).

Exhibit 4. The Share of Women Spending 10 Percent or More of Their Income on Health Care Climbed over the Past Decade, Especially for Women with Low Incomes

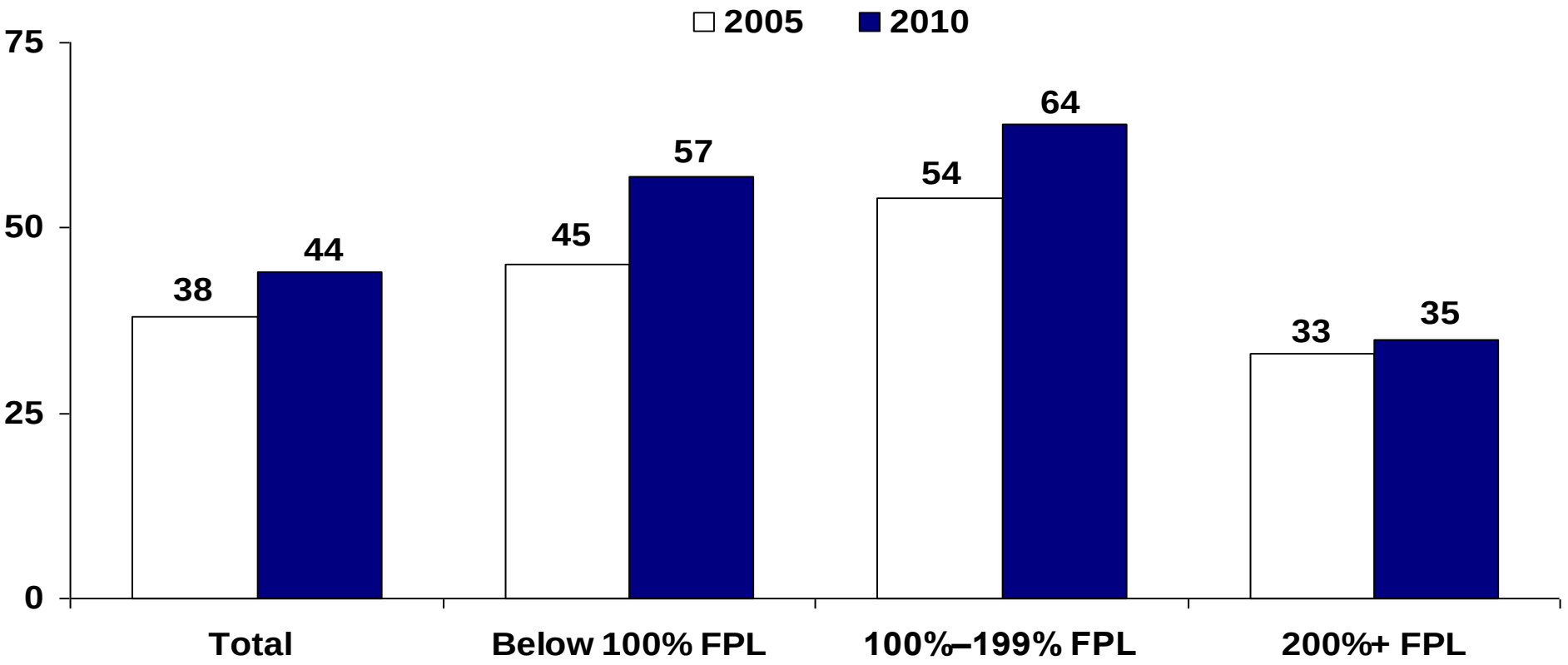
Percent of women ages 19–64 who spent 10% or more of household income annually on out-of-pocket costs and premiums*



Note: FPL refers to Federal Poverty Level.
* Base: Women who specified income level and private insurance premium/out-of-pocket costs for combined individual/family medical expenses.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001 and 2010).

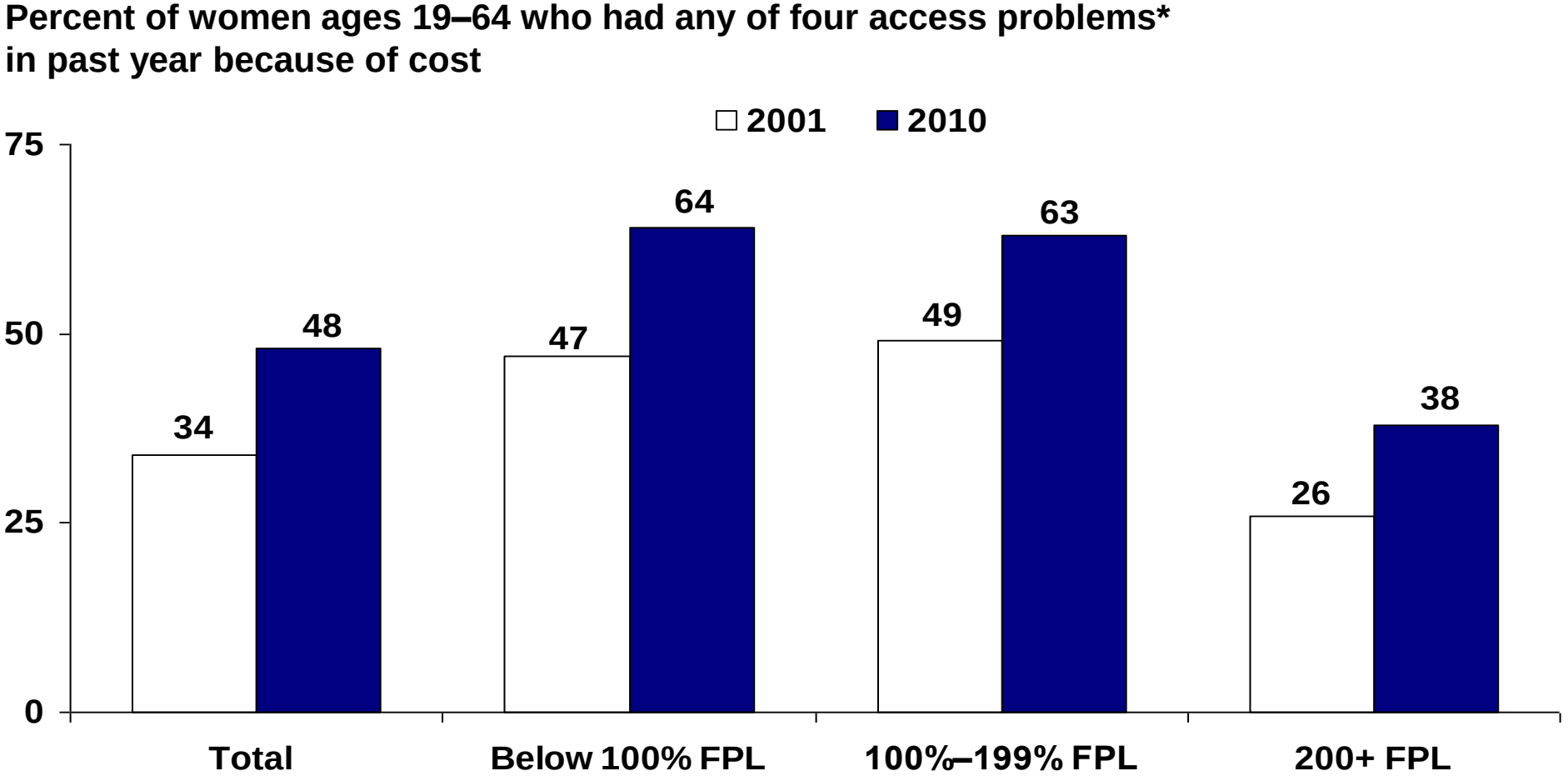
Exhibit 5. Growing Numbers of Women Are Affected by Medical Bill and Debt Problems

Percent of women ages 19–64 with medical bill problems or accrued medical debt*



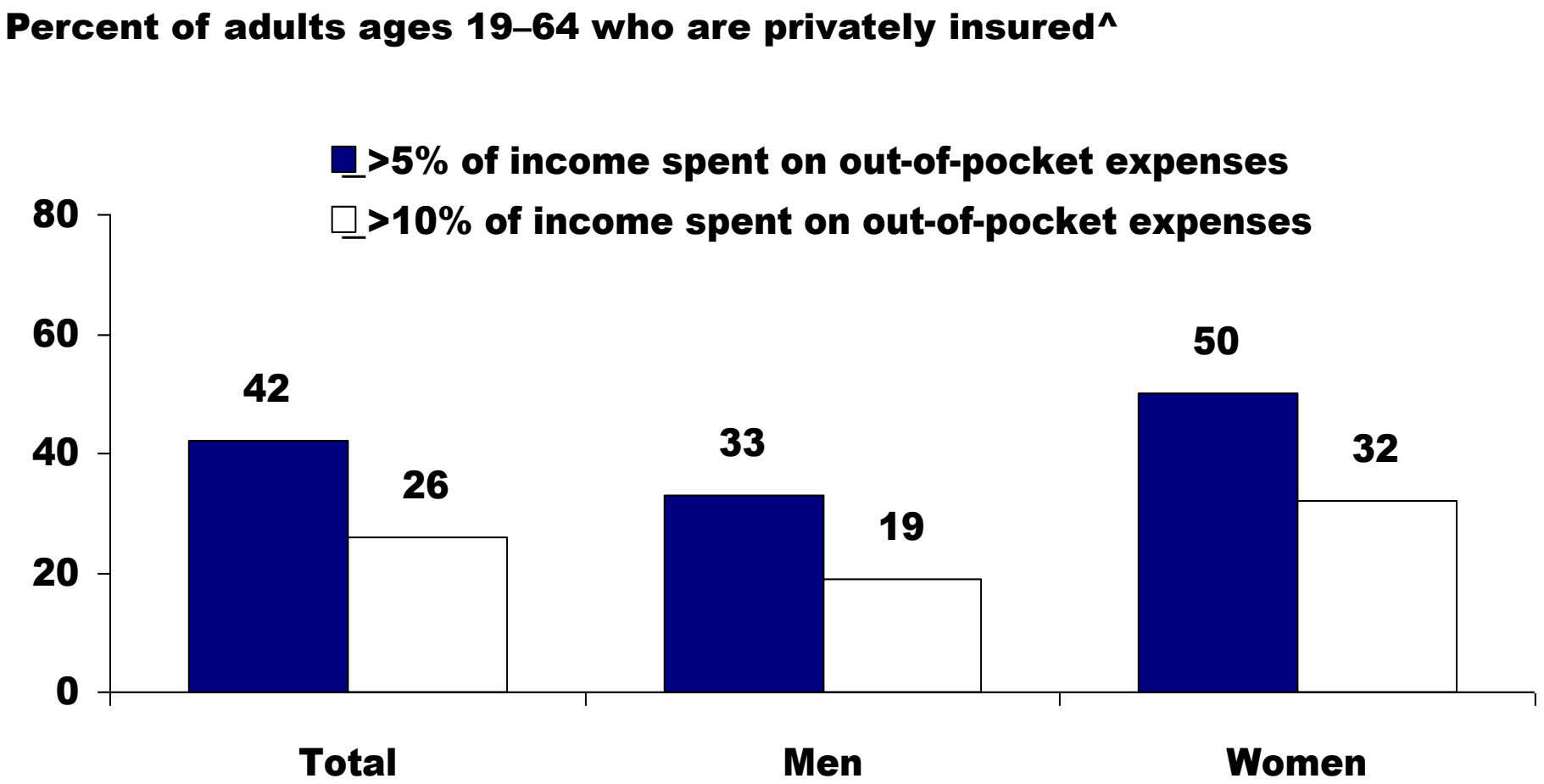
Note: FPL refers to Federal Poverty Level.
* Had problems paying medical bills, contacted by a collection agency for unpaid bills, had to change way of life in order to pay medical bills, or has outstanding medical debt.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2005 and 2010).

Exhibit 6. Problems Accessing Needed Care Worsened for Women Across the Income Spectrum over the Past Decade



Note: FPL refers to Federal Poverty Level.
* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001 and 2010).

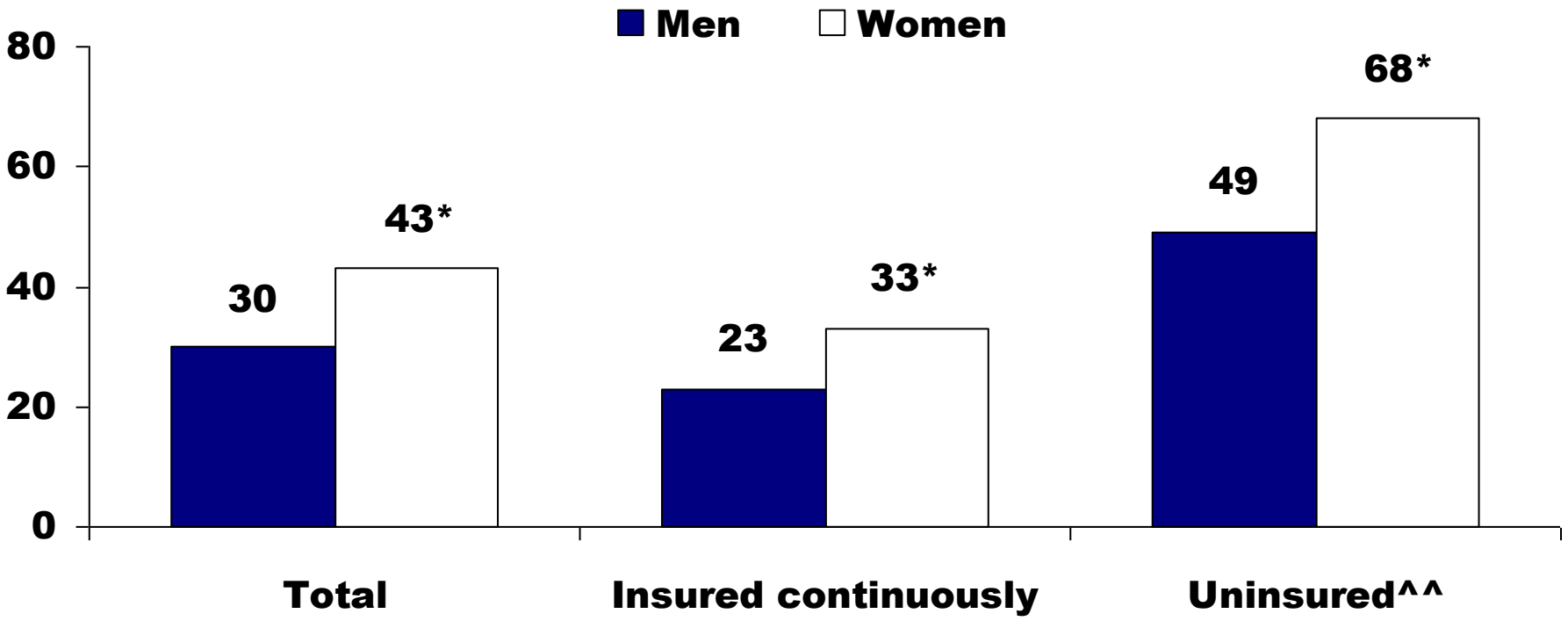
Figure 5. Percent of Income Spent on Family Out-of-Pocket Costs and Premiums



^ Employer-sponsored or individual insurance.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 6. Women Are More Likely Than Men to Have Cost-Related Access Barriers

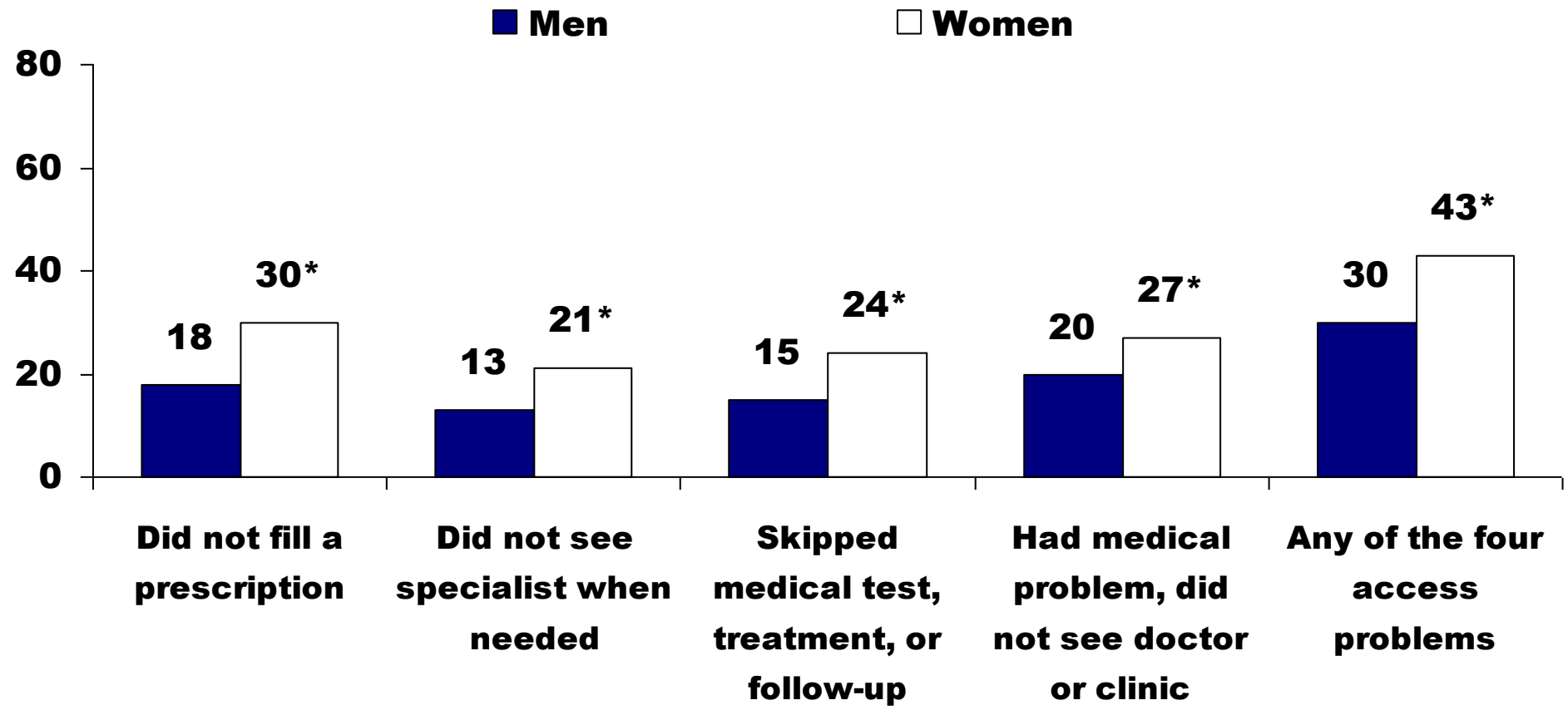
Percent of adults ages 19–64 who have difficulty accessing health care^



* Difference between men and women is significant at p ≤ 0.05 or better.
^ Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
^^ Uninsured combines currently uninsured and currently insured but had a time uninsured in the past 12 months.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 7. Women Are More Likely Than Men to Have Access Problems in Past Year Because of Cost

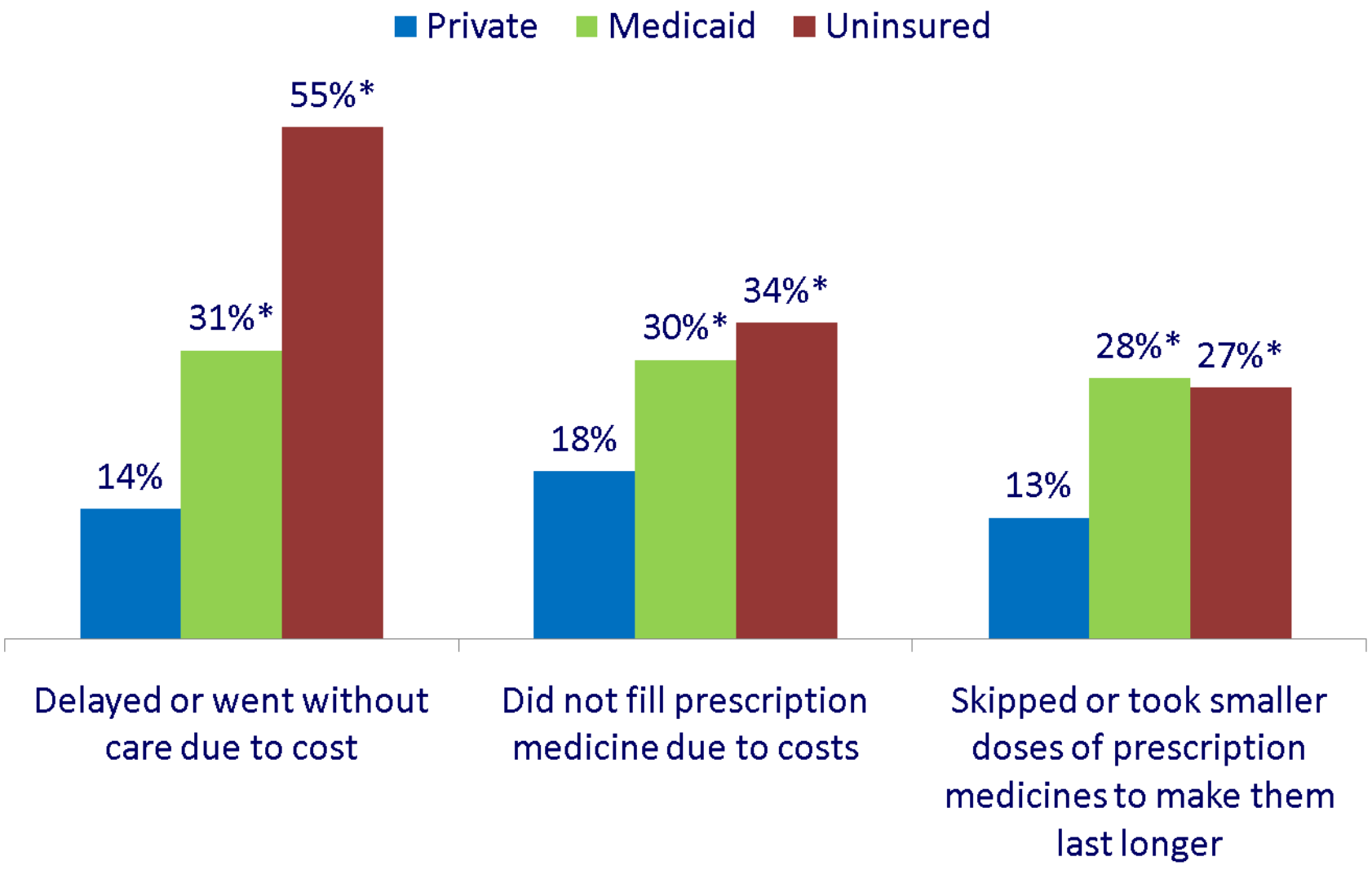
Percent of adults ages 19–64 reporting the following problems in past year because of cost



* Difference between men and women is significant at $p \leq 0.05$ or better.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

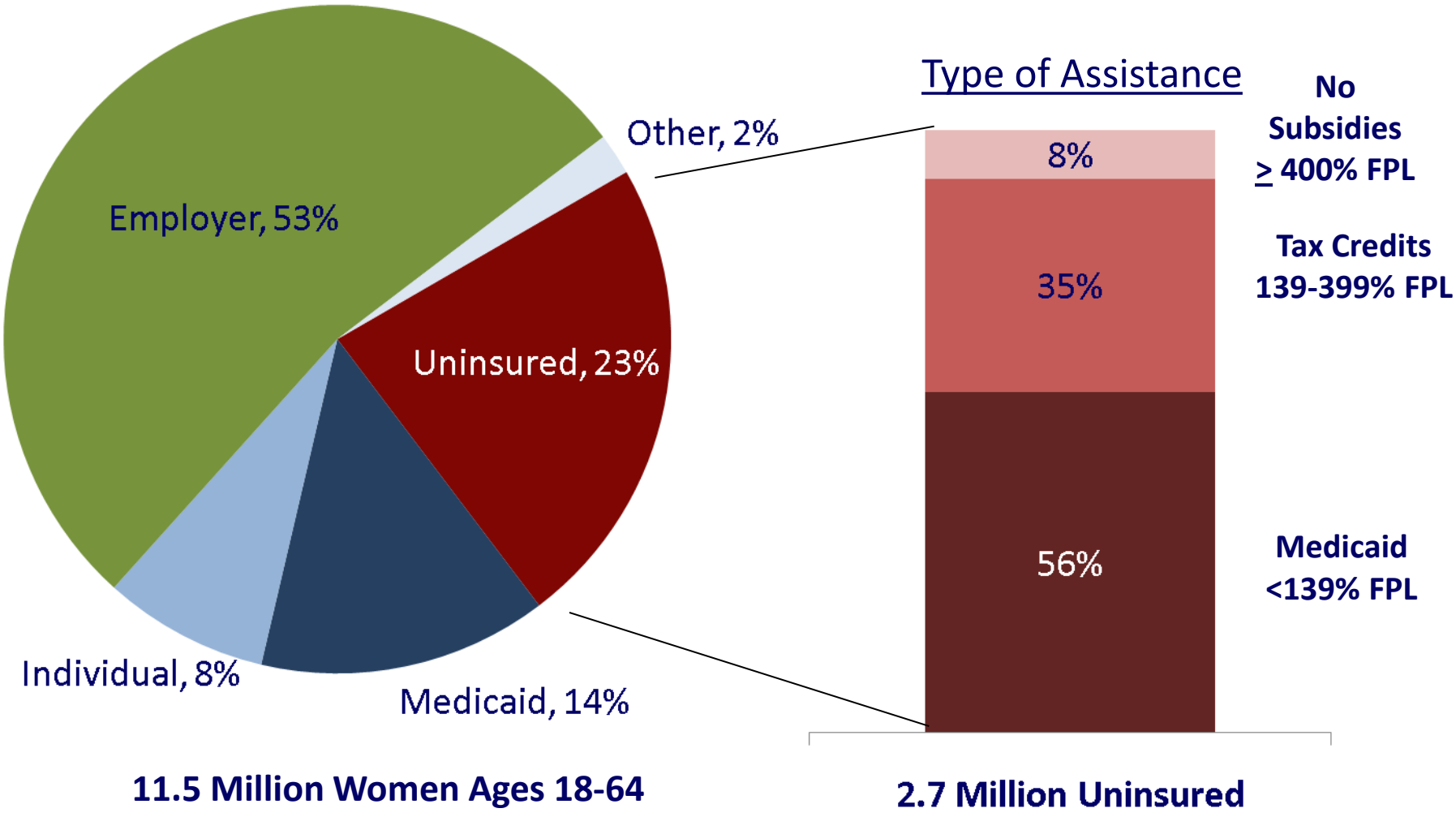
Figure 17

Costs are Often a Barrier For Many Women, Regardless of Insurance Type



Source: Ranji and Salganicoff, *Kaiser Women's Health Survey*, 2008. *Significantly different from Private, p<.05.

Projected Expansion and Assistance For Uninsured Women in California



"Other" includes programs such as Medicare and military-related coverage. The federal poverty level for a family of four in 2010 was $22,050.
Source: KFF/Urban Institute (UI) tabulations of 2010 and 2011 ASEC Supplement to the CPS revised data. UI analysis of 2011 ASEC Supplement to the CPS, U.S. Census Bureau

Women Need Health Care Reform

- Health reform closes gaps in health coverage for women.
- Expands coverage.
- Eliminates the gender penalty of gender rating and higher premiums.
- Prevents denials in coverage due to pre-existing conditions.
- Guarantees coverage.

The 5 Best Policy Changes in Health Reform that Improve Health Coverage for Women

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5 Best Policy Changes in Health Reform

- No Gender Rating Discrimination Against Women (2014).
- No Denial of Coverage Due to Pre-Existing Condition (2010).
- No Lifetime Cap on Coverage (2010).
- No Annual Cap on Coverage (2010).
- Preventive Services for Women without Co-sharing (August 2012).

Gender Rating Discrimination

Eliminates Gender rating by health plans that result in charging women higher premiums at all ages (2014):

- 42 states allow individual coverage to charge women more for coverage.
- 38 states allow premiums to be based on gender.
- Companies with mostly women have higher cost.
- California outlawed gender rating.

Pre-Existing Condition Denial

Elimination of pre-existing condition denials by health insurance plans (Aug 2010):

- No denials for coverage based on current or prior existing health conditions.
- Guarantee Issue: Health plans must take all people regardless of health status.
- Guaranteed health coverage!

Lifetime Cap on Coverage

Elimination of lifetime cap of expenditures and coverage for all health plans (Sept 2010):

- Health plans can no longer limit the total expenditures for lifetime coverage.
- Health plans can no longer terminate coverage when person exceed lifetime cap.
- Pricing of premiums can no longer vary due to the amount of the lifetime cap.

Lifetime Cap (cont.)

- How much coverage is subject to lifetime caps in the US?
- 62% of large firms.
- 52% small firms.
- 90% individual market coverage.
- 74% of plans have $2 million lifetime cap.
- 24% of plan have $1-2 million lifetime cap.
- 2% of plans have >$1million lifetime cap.

Annual Cap on Coverage

- Elimination of annual cap on expenditures that health plans impose (Sept 2010):
- Health plans can no longer put limits on annual expenditures.
- Health plans can no longer refuse to pay for services otherwise covered.

Annual Cap (cont.)

How many plans nationwide impose annual caps?

- 8% of large firms.
- 14% of small firms.
- 19% of individual plans.

Benefits

Benefits Terminology

- Essential Benefits
- Preventive Benefits for Women
- Benchmark Benefits

Essential Benefits

Essential Benefits are the basic benefits defined by the Federal Secretary of Health and Human Services :

- Required benefits for all new public and private coverage under health reform (except grandfathered plans, before 2010).

- All plans offering coverage through the Health Exchange must offer same benefits inside and outside the Exchange-- 133%FPL—400%FPL.

Preventive Services for Women

Preventive services for women are newly created preventive services for women that are mandated to be offered by **all** public and private insurance except Medicaid.

- These services were gaps in services for women.
- These services were determined by IOM and adopted by HHS Secretary.
- No cost sharing for services.

Benchmark Benefits

Benchmark benefits are the basic benefits that are required benefits in all coverage offered to the Medicaid Expansion group of newly eligibles 133%FPL -200%FPL.

- This newly eligible group will either get coverage through the Exchange or a state created basic health plan—that is yet to be determined in CA.
- Bill in Legislature.

Essential Benefits

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Mental health and substance use disorder services; including behavioral health.
- Prescription drugs.
- Rehabilitative services and devices.
- Laboratory services.
- Preventive services with A or B recommendation from the US Preventive Services Taskforce and vaccines.
- Chronic disease management.
- Pediatric services including vision and oral care.

Figure 10

Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

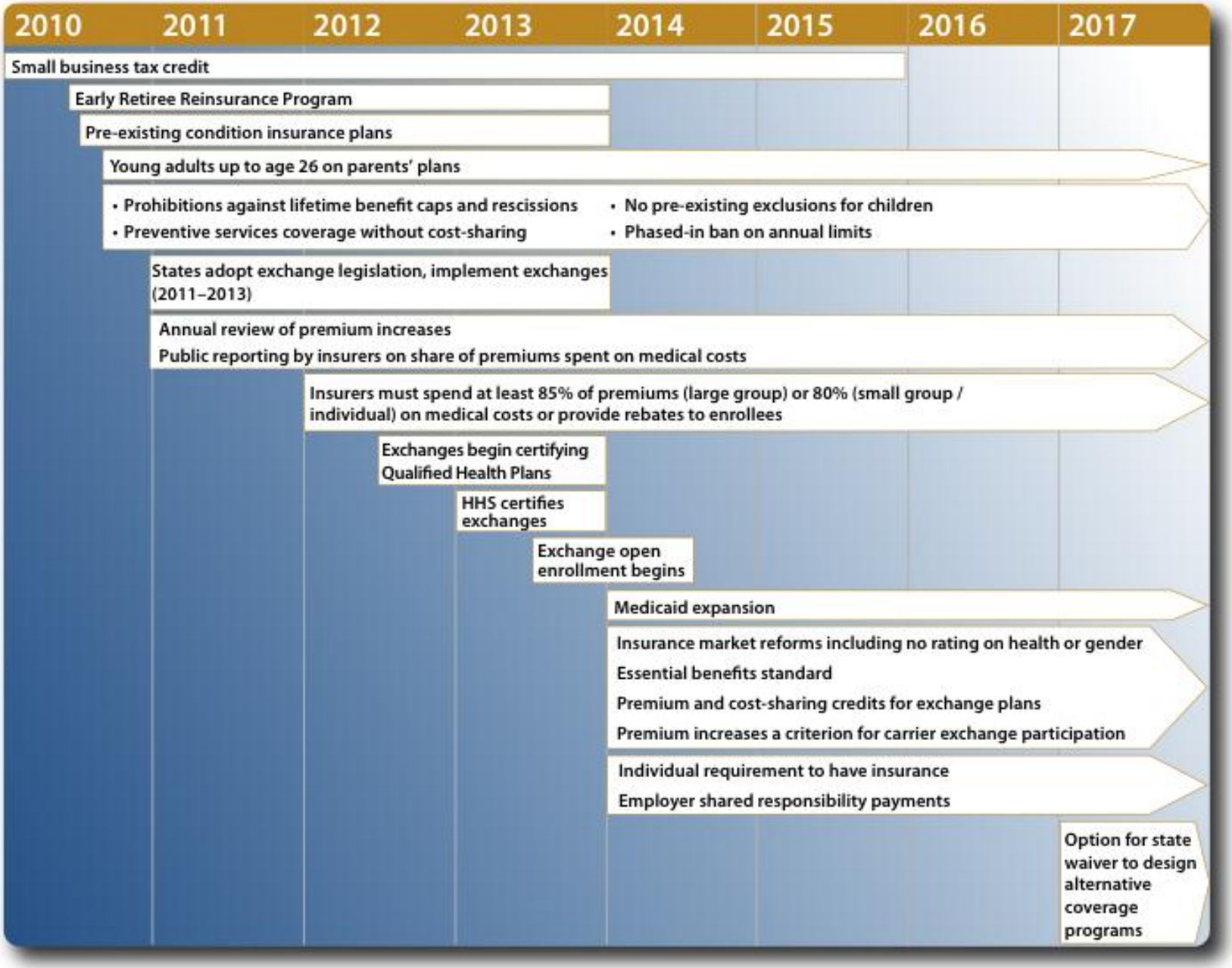
Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
✓Breast Cancer – Mammography for women 40+* – Genetic (BRCA) screening and counseling – Preventive medication counseling ✓Cervical Cancer – Pap testing (women 18+, – High-risk HPV DNA testing ♀ ✓Colorectal Cancer - One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy	✓Cardiovascular health - Hypertension screening - Lipid disorders screenings - Aspirin ✓Type 2 Diabetes screening (adults w/ elevated blood pressure) ✓Depression screening (adults, when follow up supports available) ✓Osteoporosis screening (all women 65+, women 60+ at high risk) ✓Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)	✓Td booster, Tdap ✓MMR ✓Meningococcal ✓ Hepatitis A, B ✓Pneumococcal ✓Zoster ✓Influenza, ✓Varicella ✓HPV (women 19-26)	✓Alcohol misuse screening and counseling (all adults) ✓Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) ✓Tobacco counseling and cessation interventions (all adults) ✓Interpersonal and domestic violence screening and counseling (women 18-64)♀ ✓Well-woman visits (women 18-64) ♀	✓Tobacco and cessation interventions ✓Alcohol misuse screening/counseling ✓Rh incompatibility screening ✓Gestational diabetes screenings♀ - 24-28 weeks gestation - First prenatal visit (women at high risk for diabetes) ✓Screenings - Hepatitis B - Chlamydia (<24, hi risk) - Gonorrhea - Syphilis - Bacteriurea ✓Folic acid supplements (women w/repro capacity) ✓Iron deficiency anemia screening ✓Breastfeeding Supports - Counseling - Consultations with trained provider♀ - Equipment rental♀	✓STI and HIV counseling (adults at high risk; all sexually-active women♀) ✓Screenings: - Chlamydia (sexually active women ≤24y/o, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (adults at high risk; all sexually active women♀) ✓**Contraception** (women w/repro capacity) ♀ - All FDA approved methods as prescribed, - Sterilization procedures - Patient education and counseling

Sources: U.S. DHHS, "Recommended Preventive Services." Available at http://www.healthcare.gov/center/regulations/prevention/recommendations.html.
More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:
USPSTF: http://www.uspreventiveservicestaskforce.org/recommendations.htm
ACIP: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp HRSA Women's Preventive Services: http://www.hrsa.gov/womensguidelines/

Preventive Services for Women

- **FDA approved contraceptive methods, sterilization, patient education and counseling.***
- **Annual Well Women visit that includes preconception, prenatal care, counseling, preventive tests.***
- **Breastfeeding counseling by trained staff and free rental of breast pumps.***
- **Screening and counseling for intimate partner violence.***
- Gestational diabetes screening for pregnant women between 24 and 28 weeks and at first prenatal visit for high risk women.
- Sexually transmitted infections counseling annually for all sexually active women
- HIV screening annually for all sexually active women.
- HPV (DNA) testing for women over 30 yrs. every 3 yrs.

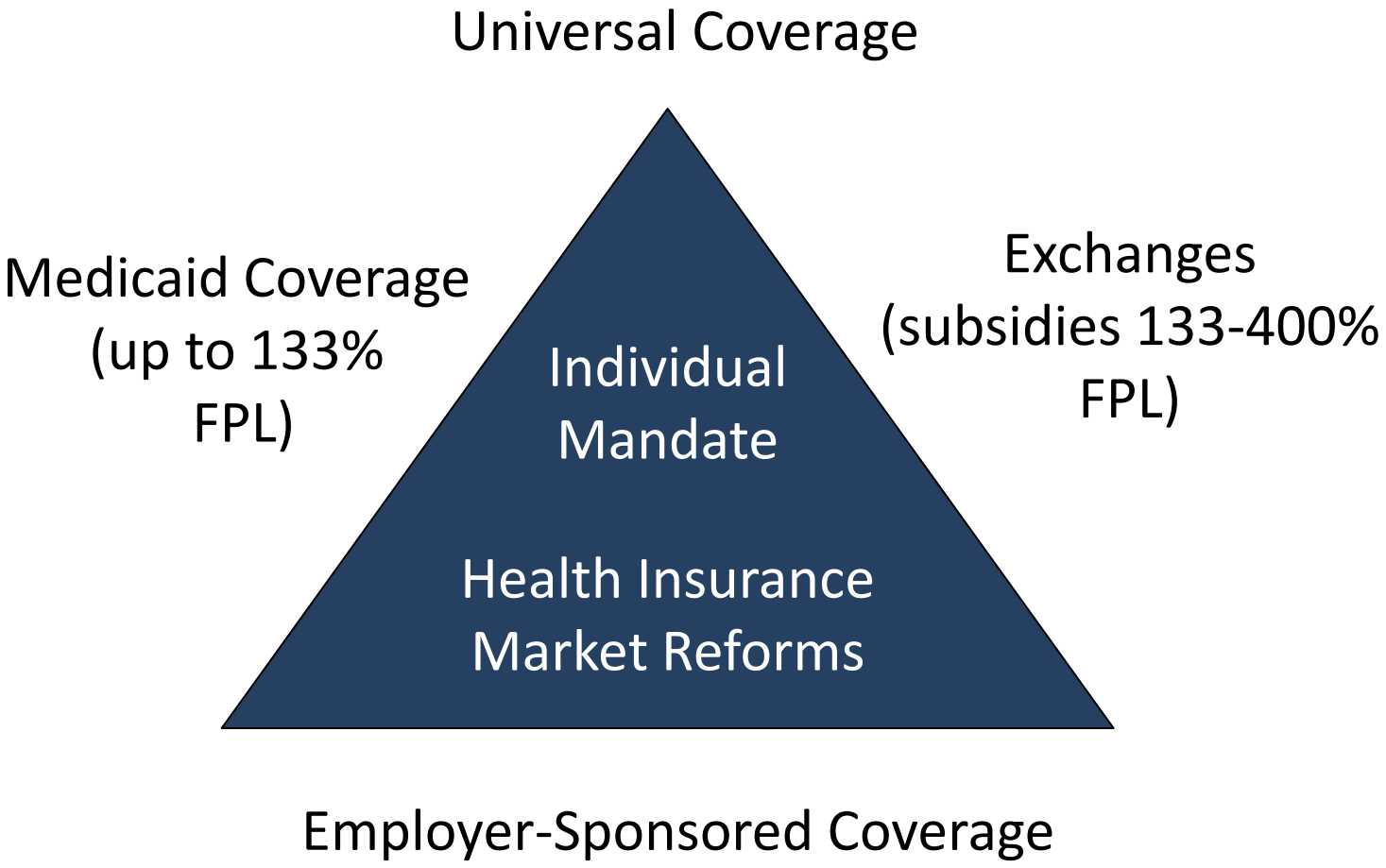
Exhibit 8. Timeline for Health Reform Implementation: Coverage Provisions



Source: National Association of Insurance Commissioners; Commonwealth Fund Health Reform Resource Center: What's in the Affordable Care Act? (PL 111–148 and 111–152), http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx.

Affordability

Promoting Health Coverage



Insurance Expansion

Medicaid	Exchange (with differing levels of subsidies)	Personal
<133% FPL	133-400% FPL	>400% FPL
1 person <$14,404	1 person 14,404-$43,320	1 person >$43,320
4 people <$29,327	4 people $29,327-$88,200	4 people >$88,200

Small Business Tax Credit

- Small business >50-100 employees are eligible for tax credits for providing health insurance to employees
- Small business tax credit is only available if providing insurance coverage through the Exchange.

Coverage Levels

- **Platinum** covers essential benefits and up to 90% of medical expenditures
- **Gold** covers essential benefits and up to 80% of medical expenditures
- **Silver** covers essential benefits and up to 70% of medical expenditures
- **Bronze** covers essential benefits and up to 60% of medical expenditures

Costs

Out of pocket costs for all plans is limited to:

- $5,950 for individual.
- $11,900 for family.

Catastrophic plans (high deductible plan).

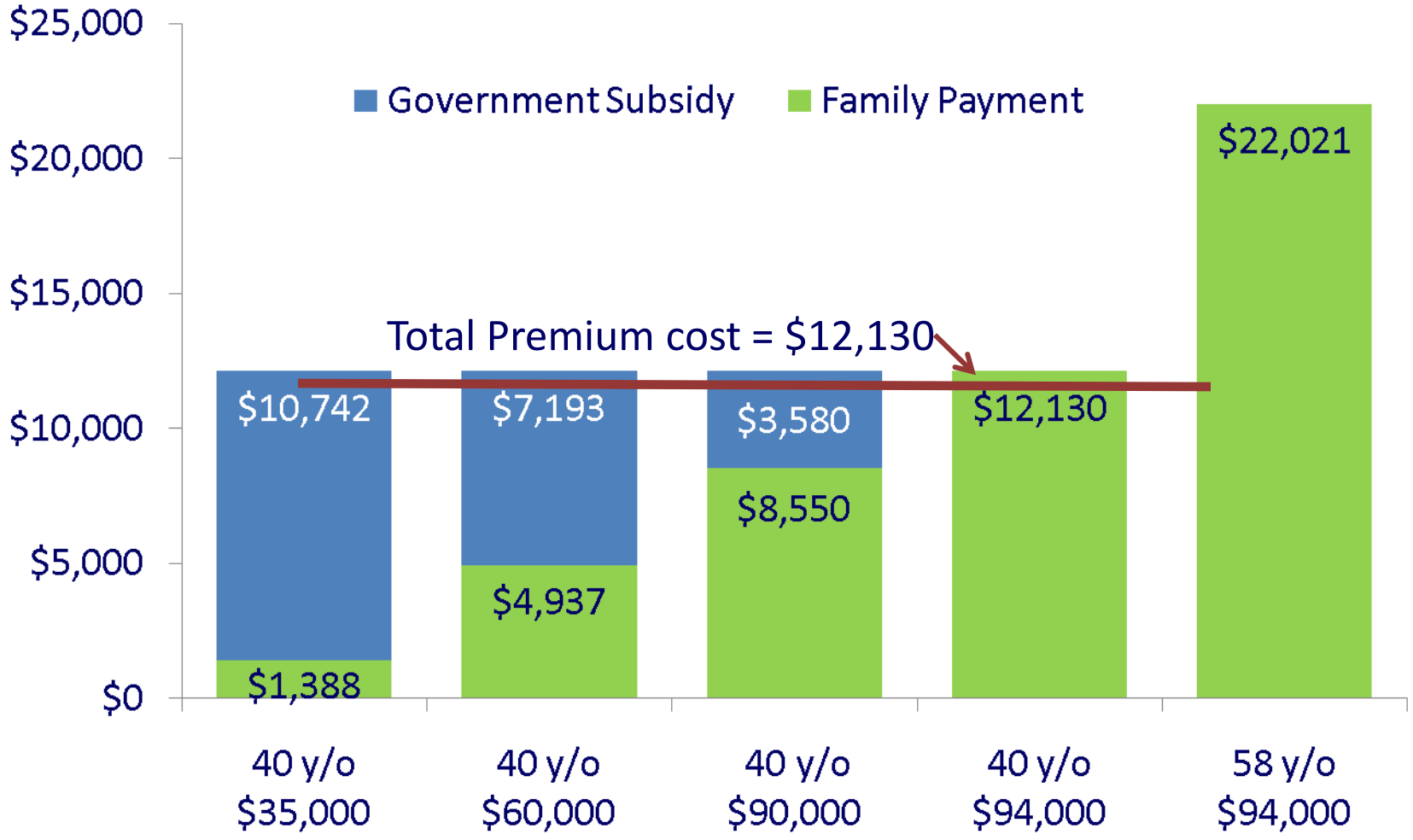
- >30 yrs. unable to purchase coverage for equivalent to 8% of income.
- Includes essential benefits, 3 primary care visits per year without co-pay.

Affordability

- Affordability is accomplished through a combination of caps on premiums and premium subsidies:
- Income just above133%FPL will have premiums caps at 3% of their income.
- Income 300%FPL to 400%FPL premium cap will rise gradually to 9.5% of income.

Figure 16

Household Spending on Family Premium Will Depend on Income and Age



Source: *Kaiser Health Reform Subsidy Calculator,* 2011.

Points of Influence

Points of Influence

California Health Benefit Exchange interpretation of essential benefits

- Does it follow CPSP model for prenatal care?
- Will abortion services be included?
- Other concerns?

Legislature: Medi-Cal Expansion—Exchange or Basic Health Plan?

Health Plans/ Providers: How will health plans and doctors implement new benefits for women?

Health Plans/ Hospitals: How will new breastfeeding services and requirements be implemented by hospitals?

Points of Influence

USPSTF public comments urging more study of women's health:

- **US Preventive Services Taskforce studies and makes evidence based benefits recommendations.**
- **USPSTF accepts public comment on areas of needed study.**

Will Health Reform Survive the U.S. Supreme Court?

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www.cdph.ca.gov/programs/OWH

http://dhcs.ca.gov/OWH

Sources

California Department of Public Health and Department of Health Care Services Testimony for the Institute of Medicine Committee on Preventive Services for Women, May 2, 2011. (Domestic Violence statistics)

Institute of Medicine, ***Crossing the Quality Chasm: A New Health System for the 21st Century,*** Committee on Quality of Health Care in America, 2001, http://www.nap.edu/catelog/100027.html. (Patient centered care recommendation)

The California Pregnancy-Associated Mortality Review. Report from 2002 and 2003 Maternal Death Reviews. Sacramento: California Department of Public Health, Maternal Child and Adolescent Health Division; 2011. ***http://www.cdph.ca.gov/data/statistics/Documents/MO-CA-PAMR-MaternalDeathReview-2002-03.pdf*** (Maternal mortality report)

Sources (Cont.)

Alina Salganicoff, Kaiser Family Foundation, http://healthreform.kff.org/ (affordability, eligibility graphs

Commonwealth Fund, http://www.commonwealthfund.org/ (affordability data, health reform policy impact: gender discrimination, annual caps, lifetime caps, tax credit for small businesses, pre-existing conditions charts and data)

California Health Benefit Exchange, http://www.healthexchange.ca.gov/Pages/Default.aspx